

## **GAMBIA TEACHERS UNION CO-OPERATIVE CREDIT UNION**

Kanifing Institutional Area Off the Coastal Road Near Central Statistics Building, Kanifing Email: gtuccu96@gmail.com

Phone: (220)4394055/4399331/4399332 Fax: (220) 4376192

Attach 2 Passport Size Photos

## **APPLICATION FOR MEMBERSHIP FORM**

| Name (  | or applicant:                         |                                  | (As per pay Slip)            |  |
|---|---------------------------------------|----------------------------------|------------------------------|--|
| Employment / Account No:                        |                                       | Marital Status:                  |                              |  |
| Reside  | ntial Address:                        |                                  |                              |  |
|   |                                       | Tel No:                          |                              |  |
| School  | / Institutional Address:              |                                  |                              |  |
|   |                                       | Tel No:                          |                              |  |
| Region/ Directorate:                            |                                       | Monthly Savings: D               | Monthly Savings: D           |  |
| Employment Status:                              |                                       | Date of Birth:                   |                              |  |
| Gender:   |                                       | Residential Tel No:              |                              |  |
| Identifi  | ication No:                           |                                  |                              |  |
| Benefi  | ciary (ies)                           |                                  |                              |  |
| NO.   | NAME                                  | RESIDENTIAL ADDRESS              | RELATIONSHIP                 |  |
| 1.  |                                       |                                  |                              |  |
| 2.  |                                       |                                  |                              |  |
| 3.  |                                       |                                  |                              |  |
| 4.  |                                       |                                  |                              |  |
| 5.  |                                       |                                  |                              |  |
|   |                                       |                                  |                              |  |
| Next of   | f Kin:                                | Tel No:                          |                              |  |
| APPLIC  | ANT'S SIGNATURE:                      |                                  |                              |  |
| Author  | ity to Deduct GTU Monthly Dues        |                                  |                              |  |
| The Ac  | countant General is hereby authorised | d to deduct from my salary month | ly the sum of D50.00 and pay |  |
| to the Gambia Teachers Union. Code 70 effective |                                       |                                  | 20                           |  |
| Full Na   | me:                                   |                                  |                              |  |
| Employment No.                                  |                                       | Status:                          |                              |  |
| School Address/ Institution:                    |                                       | Region:                          |                              |  |
| SIGNATURE:                                      |                                       | DATE:                            |                              |  |